

REQUEST FOR SERVICE
FedSource – Denver
Box 25305, Bldg. 41, RM 137
Denver Federal Center
Denver, CO 80225
(303)236-1942 (303)236-0016 FAX
Support Services

Task Order Number: _____

Section I - Service Requested (Information to be filled out by requesting agency)

Agency Name _____

Interagency Number (IA #) _____ (this number can be found on our web site at www.rmrc.casu.gov - click on the Customers link)

Requestor Name _____ Requestor Phone Number _____

Requestor Address: _____

Requestor Fax Number _____ Requestor Email Address _____

Dates Required From: _____ To: _____ Report Time: _____ a.m. - _____ p.m.

Estimated total hours _____

Job Location: Street Address _____

Bldg. # _____ Entrance # _____ Floor _____ Room # _____

Background Check needed _____ Yes _____ No Rate of Pay GS Equivalent _____

Overtime required _____ Yes _____ No _____ Maybe Travel Required _____ Yes _____ No

If this is for a renewal of an existing contractor place their name here: _____

Description of job to be performed: _____

Approving Official Signature: _____ Date _____

Section II - Cost Estimate – (to be completed by FedSource - Denver)

A funding document is now required from your agency to fund services through FedSource - Denver

Listed below is a cost estimate. Please supply our office with a funding document or if your office does not issue funding documents please have a budget official sign this form for funds.

Estimated total hours _____ times vendor billable rate \$ _____ plus

FedSource Fee \$1.75per hour total billable\$ _____

Total of this estimate \$ _____

Task order number that has been assigned to this order _____ Vendor Chosen _____

Employee Placement Name _____

Section III - Funding Authority (to be completed by requesting agency)

Funding Document Number _____ (Please attach a copy of document)

OR

Funding Authority Signature _____ Date _____

Please print the funding authority name here _____ Phone Number _____

Budget Amount Available:\$ _____

Section IV - Billing Information (to be completed by requesting agency)

Place a checkmark next to the preferred method of billing and fill in the appropriate information per your agency

_____ IPAC Billing: Agency Locator Code _____

Account Number (If using this request form as funding document) _____

_____ Credit Card: Credit Card Number _____ Exp. Date ____/____/____

Cardholder name _____ Cardholder Phone # _____

Cardholder fax # _____ Cardholder email _____

Cardholder signature _____

Provide the following information as to how and where billing documents should be sent:

Name: _____ Phone # _____ Fax # _____

Address: _____

Email Address: _____

Preferred method of receiving billing information:

_____ by e-mail: _____ by fax: _____ by mail: